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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

DOUGLAS HENRY. THORNTON ET.AL. 37461-118

GREGORY TAYLOR REG NO# 18115-018

Name of Plaintiff(s)

v.

DONAL ROMINE:WARDEN ET.AL.

Name of Defendant(s)

Civil Case No.

1: CV00-1255

Judge

(Number and Judge to be
assigned by court)

FILED
SCRANTON

JUL 14 2000

PER *Am*

CLERK OF COURT

APPLICATION TO PROCEED IN FORMA PAUPERIS

PLEASE READ CAREFULLY AND FULLY COMPLETE EACH SECTION.

1. X I am willing to pursue my claims in this action under the new provisions of The Prison Litigation Reform Act, understanding that pursuing my claim requires payment of a partial filing fee and deduction of sums from my prison account when funds exist until the filing fee of \$150.00 has been paid in full.
2. X I have enclosed an executed Authorization form which authorizes the Institution holding me in custody to transmit to the Clerk a certified copy of my trust account for the past six (6) months as well as payments from the account in the amounts specified by 28 U.S.C. §1915(b).
3. Have you, prior to the filing of the complaint in this action and while a prisoner as that term is defined in 28 U.S.C. § 1915(h), brought 3 or more actions or appeals in a court of the United States that were dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted? Yes X No
 - (a) If the answer is "yes," are you now seeking relief because you are under imminent danger of serious physical injury?
Yes XXXXX No

- (b) Please explain in detail why you are under imminent danger of serious physical injury: I AM BEING FORCE TO WALK THROUGH METAL DETECTOR MORE THEN A HUNDRED TIMES A WEEK WHICH EXPOSE ME TO THE ELCTORMAGNETIC OR RADIATION THATS PRODCTED BY THE METAL DETECTORS. I AM HAVEING PROBLEM GETING ANY SLEEP AND HAVEING HEADACHES ALL THE TIME. CANT EAT MOST OF THE TIME ETC
- MANY OTHER INMATES AT THE UNITED STATES PENITENTIARY IN LEWISBURG PENNSYLVANIA ARE HAVEING THE SAME PROBLEMS.

4. (a) Are you presently employed at the Institution? Yes X No
- (b) If yes, what is your monthly compensation? \$ 20\$ a mount
5. Do you own any cash or other property; have a bank account; or receive money from any source? Yes No x

If the answer is "yes" to any of the above, describe each source and the amount involved.

I am pay monthly about 20, dollars from by institutional job at present. This money is mainly use to buy think like soap, tooth past, lotion, stamps, etc.

I have no other funds or money sent to me. nor do I make any other money any other way.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on July 5, 2000
(Date)

Lee Henry Thorne
(Signature of Plaintiff)

This certification is executed pursuant to Title 28, United States Code, Section 1746.

AO 240 (Rev. 6/86) Application to Proceed

United States District Court

MIDDLE

DISTRICT OF PENNSYLVANIA

DOUGLAS HENRY THORNTON ET.AL
37461-118

V.

APPLICATION TO PROCEED IN
FORMA PAUPERIS, SUPPORTING
DOCUMENTATION AND ORDER

DONALD ROMINE:WARDEN ET.AL

CASE NUMBER:

FILED
SCRANTON

JUL 14 2000

CV 00-1255

DOUGLAS HENRY THORNTON

PER

declare that I am the (check appropriate box)

☒ petitioner/plaintiff

DEPUTY CLERK

☐ movant (filing 28 U.S.C. 2255 motion)☐ respondent/defendant☒ 28 - USC. 1331

TITLE 28 U.S.C. 1331

other

in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, cost or give security therefor, I state that because of my poverty, I am unable to pay the costs of said proceeding or give security therefor; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present on appeal are briefly stated as follows:

That I the Plaintiff are being subjected to or exposure to radiation thats generated and produce by walk through metal detectors that I am forced to walk through more then five thousand times a year more then four hundred times a month, more then a hundred times a week and about 30 times a day. That this large amonut of exposure to radiation has ill effects on my health and causing me pain etc.

In further support of this application, I answer the following questions.

1. Are you presently employed? Yes ☒ No ☐

a. If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer. (list both gross and net salary)

Inmate institutional job pay about 20\$ a mount

b. If the answer is "no," state the date of last employment and the amount of the salary and wages per month which you received.

2. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession or other form of self-employment

Yes ☒ No ☐

b. Rent payments, interest or dividends?

Yes ☐ No ☒

c. Pensions, annuities or life insurance payments?

Yes ☐ No ☒

d. Gifts or inheritances?

Yes ☐ No ☒

e. Any other sources?

Yes ☐ No ☒

DATE 10/02/99
PAGE No. 81

Actual 1 174000

TERRY, ORSON H.
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DEBITING--	AMOUNT	ENCLOSURE	OUTSTANDING	SPECIAL	REMARKS
BALANCE	BALANCE	BALANCE	BALANCE	BALANCE	BALANCE
	1.07	1.00	1.00	1.00	1.07
DATE	DATE	DESCRIPTION	AMOUNT	AMOUNT	AMOUNT
JENNY 11-24	12-24-99	PERFORMANCE PAY	15.00	15.00	
JENNY 11-24	12-24-99	SALE / RETAIL	15.75	15.75	
JENNY 11-24	12-24-99	PERFORMANCE PAY	21.00	21.00	
JENNY 11-24	12-24-99	SALE / RETAIL	11.75	11.75	
JENNY 11-24	12-24-99	SALE / RETAIL	1.00	1.00	
JENNY 11-24	12-24-99	PERFORMANCE PAY	11.00	11.00	
**** TRANSACTION TOTAL ****			11.00		

[illegible]